



# **US ARMY MEDICAL COMMAND**

## **Community Based Warrior in Transition Unit (CBWTU)**

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UNCLASSIFIED



## Terminal Learning Objective

- Given appropriate references, outline the concept of CBWTU operations and organization, its relationship to the Warrior Transition Unit (WTU) and benefits of the CBWTU



## Enabling Learning Objectives

- ELO A: Identify the mission/function of the CBWTU vs a WTU
- ELO B: Identify criteria for Eligibility
- ELO C: Select the correct concept of CBWTU operations
- ELO D: List the components of CBWTU organization
- ELO E: Match the Quad position to the correct function or responsibility
- ELO F: Select the correct benefit(s) of the CBWTU



# WHAT IS A CBWTU?





# Mission



“PROVIDE EFFECTIVE COMMAND AND CONTROL IN THE  
MANAGEMENT OF MEDICAL CARE TO RETAIN WARRIORS OR  
FACILITATE THEIR COMPASSIONATE TRANSITION

thus

CBWTU allows injured / ill Soldiers to *heal at home*, remain  
on active duty, and contribute to the best of their abilities.



# History



- Jun – Oct 03: RC Soldiers needing care exceeded on-installation medical and housing capacity
- Dec 03: Acting SECARMY approved plan to “Let those Soldiers go home and get their care” (Community Based Health Care Initiative)
  - Care from providers participating in TRICARE Network
  - Title 10 work in facilities near home
  - Disposition Soldiers in timely manner
  - Leverage medical capacity in Soldiers’ communities
  - Free up billeting space at installations



# History



- Dec 03 – Mar 04: Formal structuring and organization of CBHCO operations
- Mar 2004: Limited CBHCO operations, based on state geographical areas, in AR, CA, FL, MA, WI
- Mar 2005: Full expansion of CBHCO operations to cover all of CONUS; additional CBHCOs in AL, UT, VA
- Sep 2008: Name changed from Community Based Health Care Organization (CBHCO) to Community Based Warrior Transition Unit (CBWTU)
- March 2009: Frago 4 will reorganize TDA structure and Locations IAW MEDCOM Transition Plan



## Eligibility Criteria to CBWTU

- Soldier identified at Army installations
- Soldier must request to remain on active duty under medical retention processing (WT) program [Title 10 USC 12301(d)]
- Soldier must meet eligibility and selection criteria for WTU
- Joint decision between medical and C2 for referral to CBWTU
- Soldier is attached to CBWTU and assigned duty, education, or rehab near home of record
- CBWTU provides C2, admin & log support, and medical management including medical board processing





## Selection Criteria to CBWTU

- Soldier can be any COMPO
- Soldier needs more than 60 days of clinical care and management
- Appropriate medial care must be available within the community.
- The Soldier must meet a number of other administrative conditions (e.g. no UCMJ pending); demonstrate reliability
- Duty, education, rehab location (Title 10) available within normal commuting distance (50 mi).
- Must have reliable transportation
- Must have established long term housing/lodging



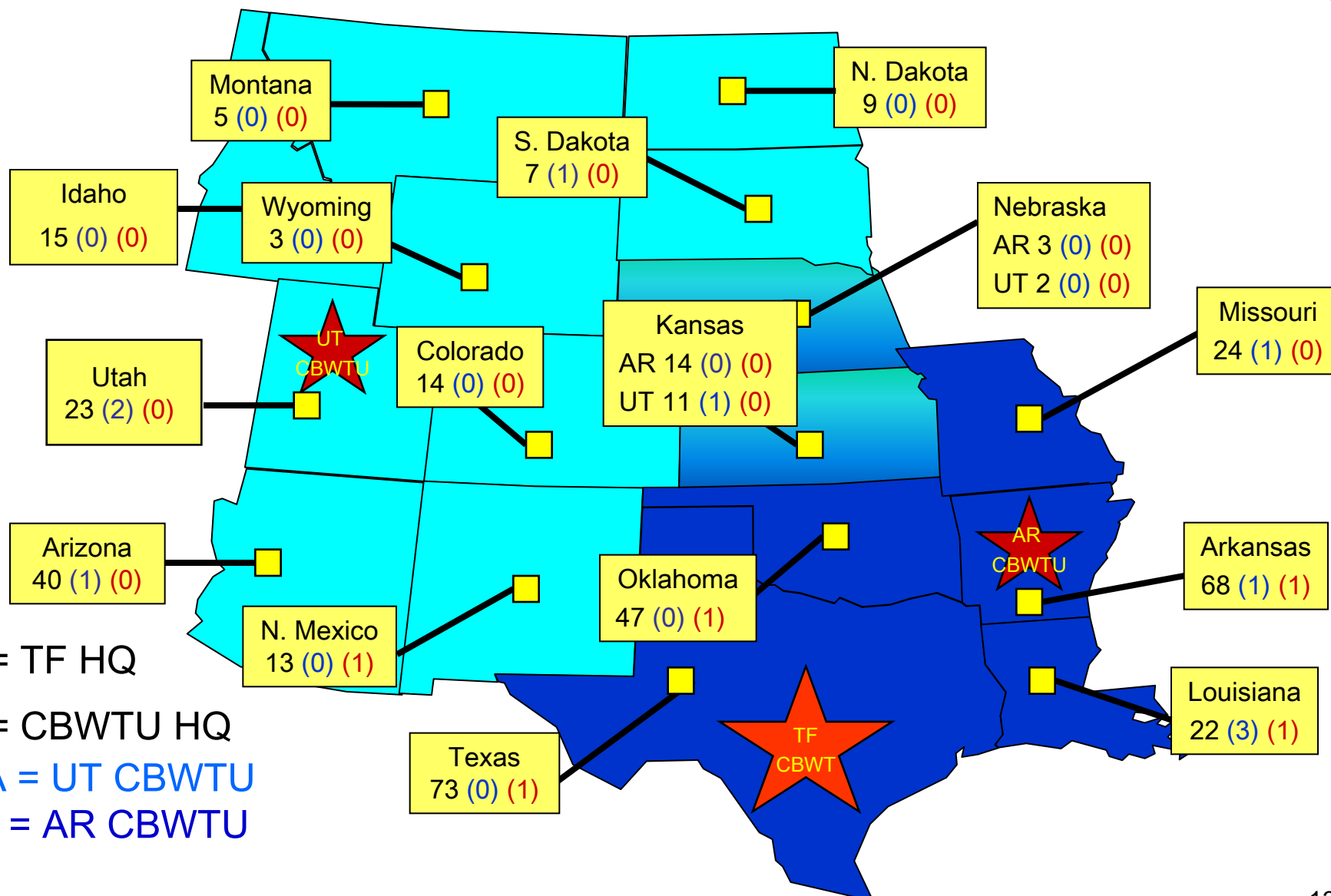
# WHERE ARE WE?







# CBWTU WT SOLDIERS BY STATE



As of Date



# Concept of CBWTU Operations



- Provides Command/Control, and Administrative Support, including pay
- Provides medical management and case management
  - Refers Soldiers to TRICARE Network providers within 50 miles / or 1hr drive time from home
    - Soldiers travel in TDY status for referrals to Specialists beyond 50 miles
- Facilitates return of Soldiers who heal back to their units
  - 6 months of TRICARE benefits after release from active duty
- Refers Soldiers who do not return to retention standards (AR 40-501) to Physical Disability Evaluation System (PDES)
  - Facilitates transition of separating / retiring Soldiers to TRICARE and Veterans Administration (VA) for follow-on care and benefits

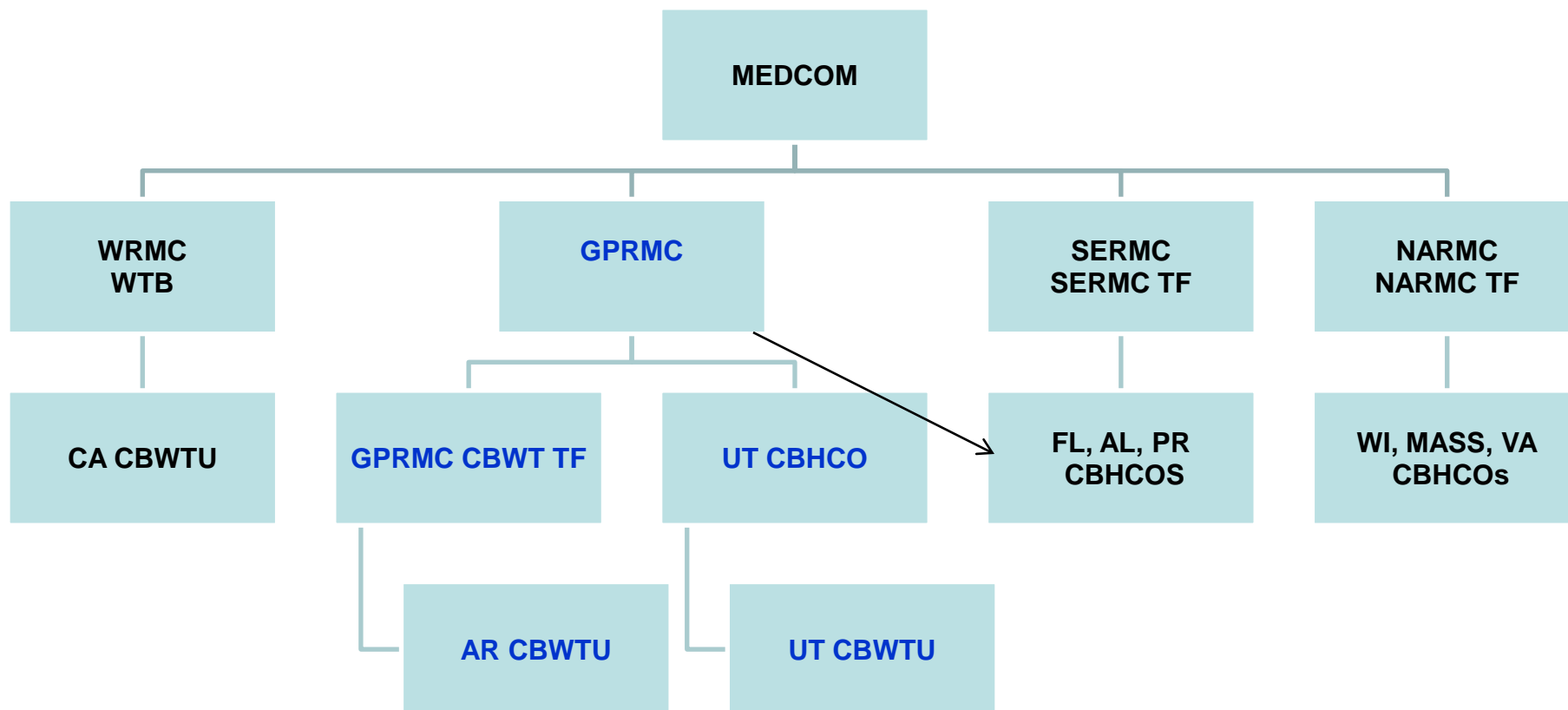


# WHO ARE WE?





# CBWT CHAIN OF COMMAND





# How we are Structured in GPRMC



- GPRMC CBWTU TF – GREAT PLAINS REGIONAL MEDICAL COMMAND COMMUNITY BASED WARRIOR TRANSITION UNIT TASK FORCE
  - WILL SOON FUNCTION AS BDE HQ OVER FIVE BN HQ (AR, AL, FL, PR, UT)
  - CBWTU BN (AR) HAS SEVEN STATES WITH 205 WT<sub>s</sub>
  - CBWTU BN (UT) HAS NINE STATES WITH 138 WT<sub>s</sub>
- GPRMC CBWTU TF- Functions as the BDE TF to primarily manage COMPO 2/3 WT<sub>s</sub> remotely.





# CBWTU Organization



- Command and Control Section –
  - Commander, Executive Officer, First Sergeant, Platoon Sergeants
- Clinical Section
  - Physician, Physician Assistant or Nurse Practitioner, Lead Case Manager, Case Managers, Social Worker, Medical Records staff
- Administrative Section
  - Administrative clerks and supply clerk



# QUAD

- **The QUAD:** MO ICW PCM, Case Manager, PLT SGT, **Social Worker** collects Soldier data and information; analyzes data and information to produce a plan of care, treatment, and service specific to each Soldier's needs.
- Primary Care Manager (Physician)/CO MO
  - Provide primary oversight and continuity of health care and ensures the level of care provided is of the highest quality. The relationship developed between patients and their PCM is the basis for successful prevention-oriented, coordinated health care. Patients reap benefits from consistent health care and improved overall health.



## QUAD

- CASE MGR: Licensed healthcare professionals (usually registered nurses) that assess, plan, implement, coordinate, monitor, and evaluate options and services to meet Soldier's health needs.
- PLT SGT: NCO responsible for all that the squad does or fails to do. He is a tactical leader and, as such, leads by example. The squad leader works as part of the Triad providing for the care of the Warrior and their Family.
- SOCIAL WORKER: Conducts full Risk Assessment IAW SW SOP from AMAP FRAGO 32. Link to all MH/BH resources and assists with referrals. Facilitates WT access to these resources. Coordinates closely with WT family support. Provides education and personal attention to at risk WTs.



## Staffing Ratios for Warrior Transition Units

- 1 Company for every 350 WT
- 1 Co Cdr and 1SG for every Company
- 1 XO for each company of at least 150 WT
- 1 Human Resource Sergeant for each Company
- 1 Social Worker (family therapist qualified) for every Company
- 1 Finance Sergeant for every Company
- 1 Supply Sergeant for each Company



## Current Force Structure Model: Medical Management

- **On-Installation (WTU)**

- Case Manager OIC
  - 1:Installation
- Case Manager
  - 1:18 WTs
- PEBLO
  - 1:30 active cases
- Medical Officer (MEBs)
  - ~ 1:200 WTs
- PAD Specialist
  - 1:200 Soldiers
- Platoon SGT
  - 1:35 Soldiers
- Squad Leaders
  - 1:12 WTs

- **CBWTU**

- Case Manager OIC
  - 1:CBWTU
- Case Manager
  - **1:20 WTs**
- PAD Off/PEBLO
  - **1:CBWTU**
- Medical Off
  - 1:CBWTU
  - 1:200 Soldiers
- PAD Specialist
  - 1:200 Soldiers
- Platoon SGT
  - **1:50 WTs**
  - **(No Squad Leaders)**

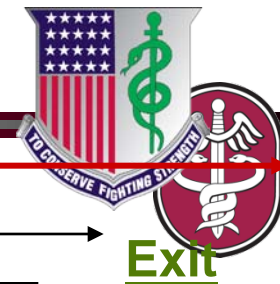


## Some Regulations

- AR 40-66, Medical Record Administration and Health Care Documentation
- AR 40-400, Patient Administration
- AR 635-40, Physical Evaluation for Retention, Retirement, and Separation
- AR 40-501, Standards of Medical Fitness
- AR 600-8-4, Line of Duty Investigations
  - New Regulation, pub. 4/2004



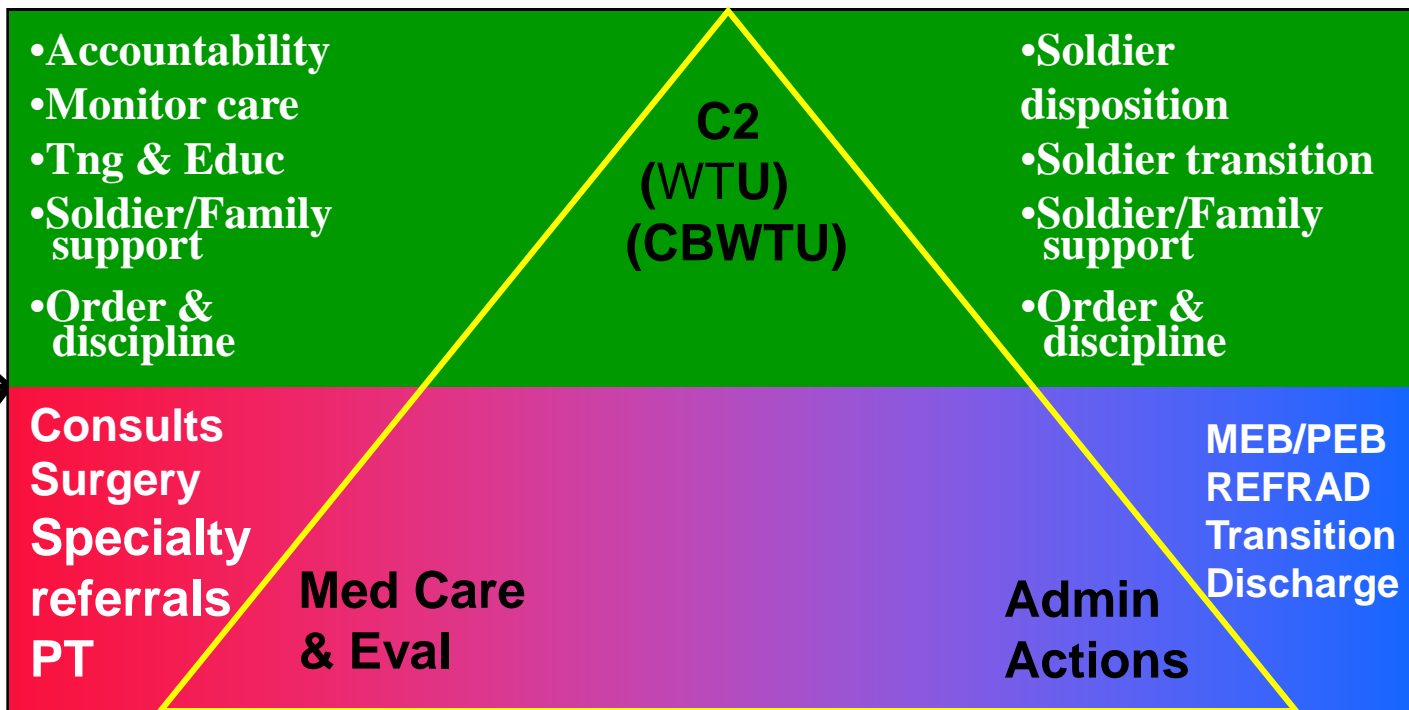
## CBWT Soldier Transition (Key Elements)



**Soldier Readiness**

**Transition Continuum**

**Exit**



**WT Orders**



**DD 214s**

### Key Nodes





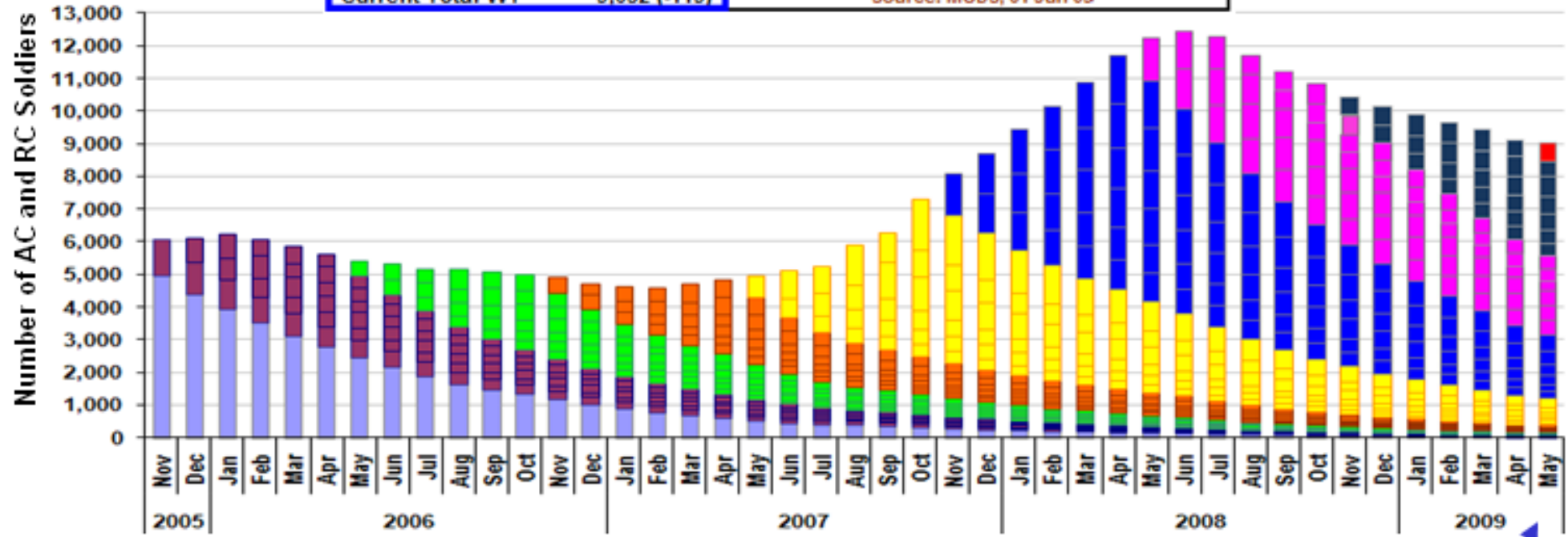
# Warrior Transition

Army G-3/5/7

Warrior Transition Status			
Current WT WTU	=	7,602	Average Length of Stay WTU = 198 Days
Current WT CBWTU	=	1,450	Average Length of Stay CBWTU = 427 Days
Current Total WT	=	9,052 (-119)	

As of 01 Jun 09  
Updated Weekly

Source: MODS, 01 Jun 09



Entry into WTU (Six-Month Cohorts)

Total WT (01 Nov 05 - 01 Jun 09)			
Dispositioned	=	25,348 73.7%	13,130 51.8% Returned to the Force
			11,077 43.7% Medically Separated
			1,141 4.5% Admin Separation or Other
Remaining	=	9,026 26.3%	

Total WT (Pre Nov 05)		
Dispositioned	=	27,618 99.9%
Remaining	=	26 0.1%

Cohort	Remaining	Dispositioned	%Dispositioned
May 09 - Oct 09	568	8	1.4%
Nov 08 - Apr 09	2,922	702	19.4%
May 08 - Oct 08	2,440	2,911	54.4%
Nov 07 - Apr 08	1,935	6,324	76.6%
May 07 - Oct 07	821	5,483	87.0%
Nov 06 - Apr 07	200	2,660	93.0%
May 06 - Oct 06	91	3,065	97.1%
Nov 05 - Apr 06	49	4,195	98.8%
Nov 05 Starting Population			
Current WT Total	9,026	25,348	73.7%





# CBWT TF OPERATIONS REPORT



	In-Processed (To Date)*	Attached to CBWTU (On-Hand)	Awaiting Orders IN/OUT	REFRAD (Out of Program)	SEP / Retired (Out of Program)	Transfer/ Other	Total Disposition	Boards Complete	% Filled
AR	1328	251	20/8	738	258	81	1077	607	79%
UT	533	142	0/0	265	100	26	391	174	81%
CBWTU TOTAL	1861	393	10/7	1003	358	107	1468	781	83%

\*Is the total of Attached to CBWTU and Total Disposition.

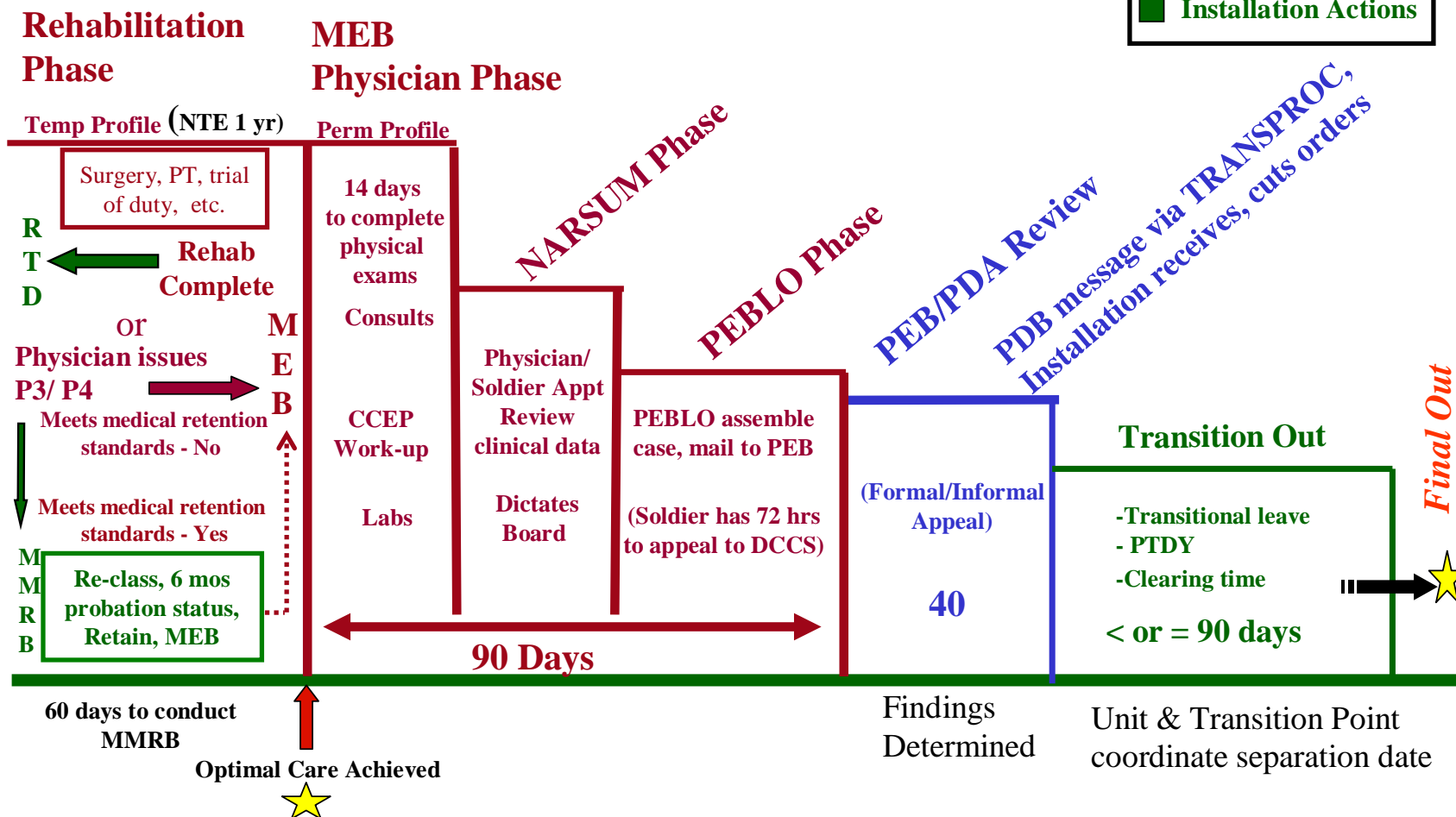
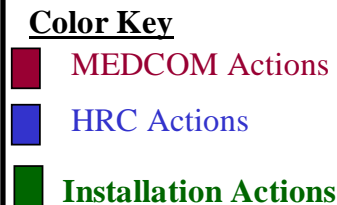
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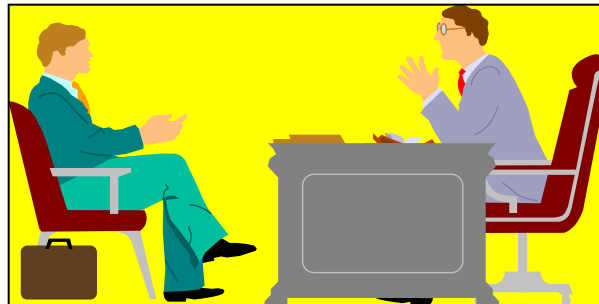
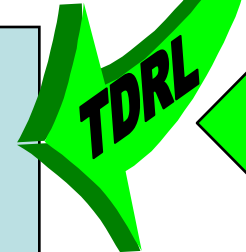
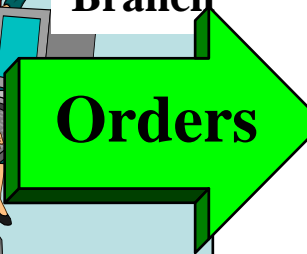
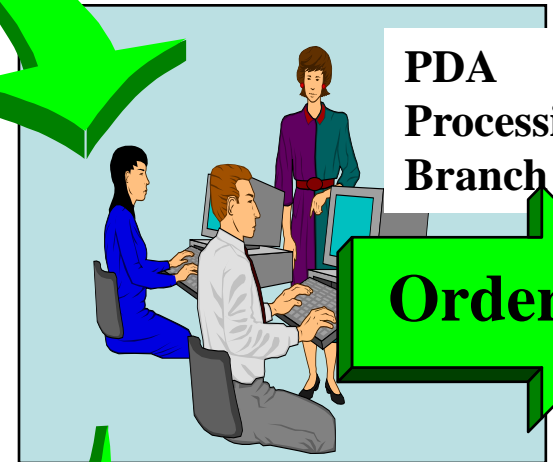
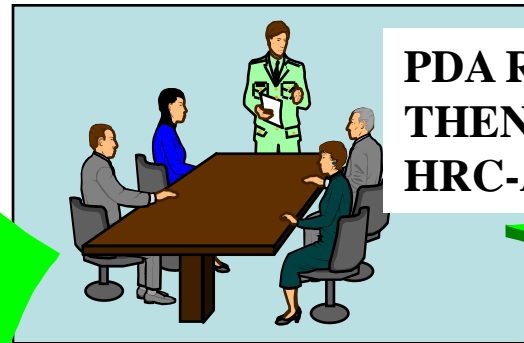
# Physical Disability Evaluation System Processing Timeline Goals

## Phases

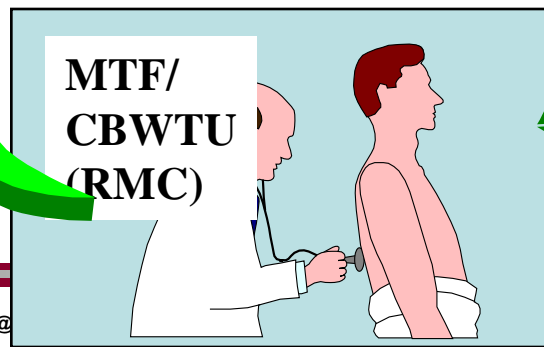




# Reserve Component Case Flow

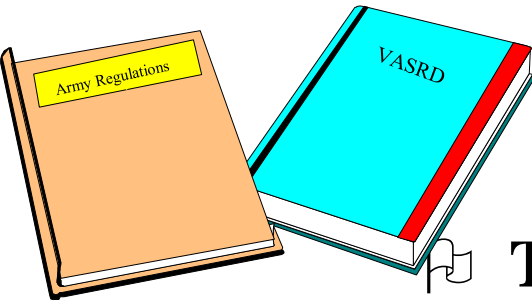


**PEBLO**





# GOVERNING DIRECTIVES FOR DISABILITY PROCESSING



- ☞ **Title 10 U.S.C., Chapter 61**
- ☞ **Department of Defense Directive 1332.18**
- ☞ **DOD Instruction 1332.38**
- ☞ **DOD Instruction 1332.39**
- ☞ **AR 40-501, Standards of Medical Fitness**
- ☞ **AR 40-400, Patient Administration**
- ☞ **AR 635-40, Phys Eval for Retention Retirement or Separation**
- ☞ **AR 600-60, Physical Performance Evaluations**
- ☞ **Department of Veterans Affairs Schedule for Rating Disabilities (VASRD)**



# CBWTU Challenges



- Soldiers have on-site job supervisors, but are still remote – sometimes more than a thousand miles - from their case managers and chain of command
  - Face-to-face contact infrequent
  - Most contact telephonic
- Future staffing of CBWTUs as number of Guard Soldiers eligible for mobilization decreases
- Many medical officers do not volunteer to remain longer than their required 90 days of mobilization
- CBWTU is not appropriate for all Soldiers who need care
- Integration of Active Component Soldiers into the CBWTU program
- Soldiers who do not clinically progress
  - Sent back to installations / military treatment facilities



# Benefits of CBWTU



- Soldier returns to family, friends and community – helps the healing process
- Reintegration support while healing
- Continuity of civilian medical providers helps make medical transition seamless once Soldier is back on Reserve status
- Reduces stress and financial hardship of Soldier and family
- Unofficial Trial of duty while at CBWTU
- Opportunity for establishing link with VA during healing process
- Reserve Soldiers taking care of Reserve Soldiers
- Congressional and public grass roots support
- Social Worker assigned to each CBWTU to improve behavioral health capability



# CBWTU Command and Control Responsibilities



- Maintain 100 % accountability of Soldiers
- Ensure Soldiers keep ALL medical appointments and comply with CBWTU rules
- Assign meaningful (non Title 32) work to all Soldiers who are able to work and ensure they report for work daily
- Coordinate with Army installations, medical community, higher HQ, etc.
- Training, UCMJ, promotions, schools, other C2 actions
- Return to WTU Soldiers who do not clinically progress or who fail to comply with program





# CBWTU Administrative Responsibilities



- Provide admin support required by Title 10 Soldiers
  - Personnel actions (MRP orders, DD 214, REFRAD/transition processing, etc.)
  - Pay actions
- Provide support to C2 and medical elements as required
  - Communication support
  - Data entry and report writing
- Facility management; GSA vehicle fleet
- **LESSON LEARNED:** Impossible to replicate all installation functions; some functions have to be done at Installations



# CBWTU Medical Staff Responsibilities



- Screen and accept transfers from Army installations
- Provider and Case Management intake on arrival
- Social Work Care Manager intake assessment
- Establish initial plan of care and co-manage future care
- Medical referrals and TRICARE authorizations
- Document Soldier rehabilitation/progress
- Document CM process and medical review
- Retrieve and review consultation/referral reports
- Monitor progress and status; optimal benefit
- Refer to Medical Evaluation Boards (MEB)
- Communicate with commander, report compliance problems



# Patient Administration Responsibilities

- Responsible for maintaining and securing all medical records IAW AR 40-66, AR 40-400, AR 635-40, AR 40-501 and all HIPAA regulations.
- Initiate as applicable, DA 3349 (Profile), DA 2173 (LOD), MEB packets, Separation/Retirement packets and REFRAD packets.
- Submit weekly reports to Task Force Headquarters
- In process newly accepted WT into PAD
- Per formal request, copy medical records, disks, x-rays for scheduled Medical Boards and the VA or Social Security Administration and any other DOD entities



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## PEBLO Duties

- Counsels and educates soldiers throughout PDES process
- Organizes and reviews for accuracy and completeness the Medical Evaluation Board packet
- Conducts counseling after MEB has been completed and before MEB is sent to the PEB
- Conducts counseling after the PEB has processed the MEB and discusses soldiers rights and responsibilities
- Assists soldier with requests for formal PEB and any appeals
- Adjudicates the disposition of medical records
- Coordinates final out processing with the assigned Transition Site Fort Hood to include the SFAC, ACAP, Finance Reserve Pay and all other applicable departments identified in order to ensure seamless reintegration into their civilian communities



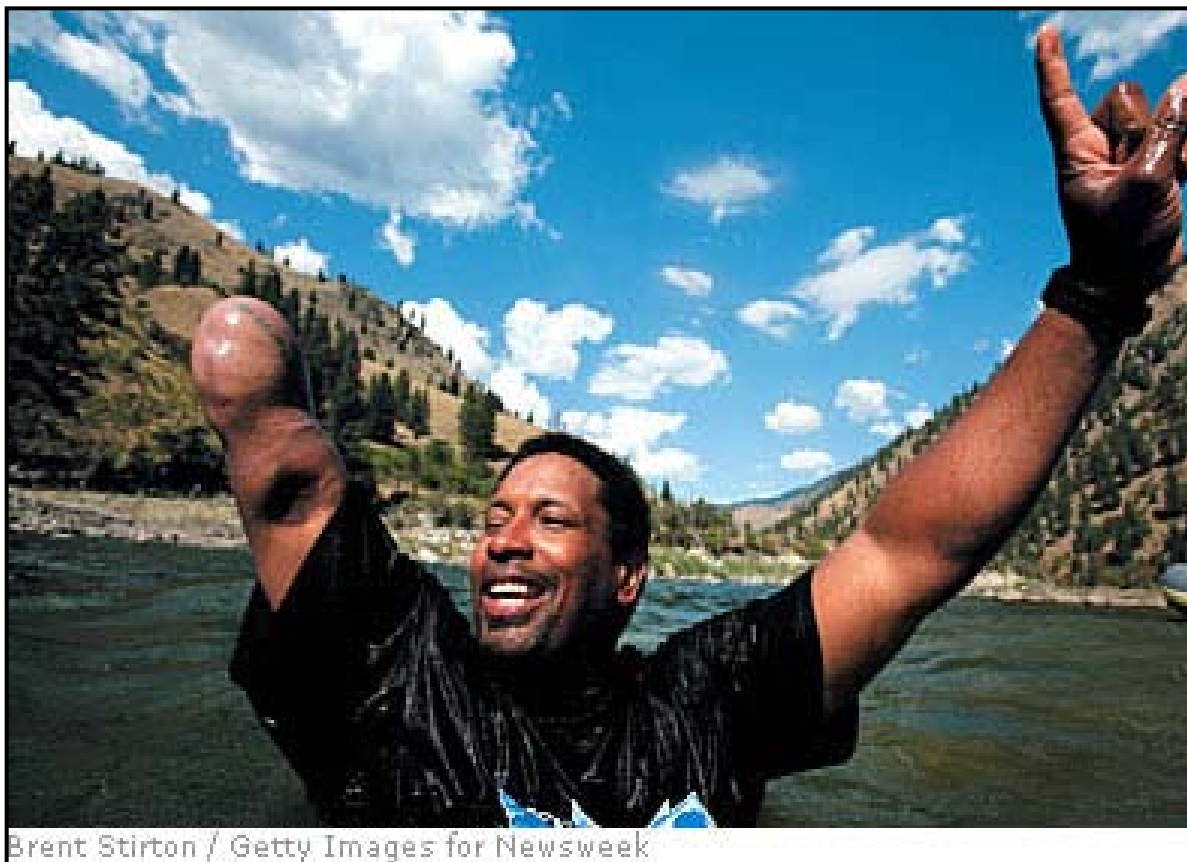
# CBWTU Successes



- Almost 70% of CBWTU Soldiers returned to their Guard or Reserve units and the fighting force
- High patient satisfaction noted by CBWTU Soldiers on Army Surgeon General surveys
- Widespread support for program
- Now considered part of Army's expansion capability for current and future conflicts
- Designed to meet the specific needs of COMPO 2/3
- Facilitates reintegration and access to post military care



# Questions ?



***“EVERY SOLDIER, EVERY DAY”***

- Motto of the Arkansas CBWTU